

## CLAIMS ONLY

Application Number \_\_\_\_\_

Application Number  
10628797

Filing Date

Applicant(s)	
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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3						
4						
5						
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48						
49						
50						
Total Indep	1					
Total Depend	1					
Total Claims	2					

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total Indep						
Total Depend						
Total Claims						